

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (714) 557-3800

INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

RECEIVED
CENTRAL FAX CENTER

JUL 27 2004

FACSIMILE COVER SHEET

OFFICIAL

Deliver to: Kaveh Abrishamkar, USPTO

Art Group: 2131

Facsimile No.: 703.872.9306

Date: January 27, 2004

From: Thinh V. Nguyen, Reg. No. 42,034

Our Docket No.: 42390P8629X

Number of pages 30 including this sheet.

Application No.: 09/672,602Filing Date: 9/29/2000

Docket Due Date(s): 8/3/2004

Enclosed are the following documents:

- ☒ Amendment: Response (26 pgs)

☐ Appeal Brief (In triplicate) (pgs)

☐ Application: _____
(pgs) w/cover & abstract)

☐ Assignment & Cover Sheet (pgs)

☒ Certificate of Facsimile _____

☐ Continued Prosecution Application (CPA)

☐ Declaration & POA (pgs)

☐ Drawings: sheets, figures

☐ Extension of Time: _____

☒ Fee Transmittal (In duplicate)

☐ IDS & PTO/SB/08 (pgs)

☐ Other _____

☐ Issue Fee Transmittal

☐ Notice of Appeal

☐ Petition for: _____

☐ Request for Continued Examination (RCE)

☐ Reply Brief (pgs)

☐ Request & Certification Under 35 USC 122(b)(2)(B)(i)

☐ Request to Rescind Previous Nonpublication Request

☐ Response to Notice of Missing Parts & Formalities Letter

☐ Response to Written Opinion (pgs)

☐ Terminal Disclaimer

☐ Transmittal of Publication Fee Due

☒ Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Tu T. Nguyen

01/27/2004

Date _____

Confidentiality Note: The documents accompanying this facsimile transmission contain information from the law firm of Blakely, Sokoloff, Taylor & Zafman which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

If you do not receive all the pages, or if there is any difficulty in receiving, please call: (714) 557-3800 and ask for Tu T. Nguyen.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/672,602
		Filing Date	September 29, 2000
		First Named Inventor	Carl M. Ellison
		Art Unit	2131
		Examiner Name	Kaveh Abrishamkar
Total Number of Pages in This Submission	29	Attorney Docket Number	42390P8629X

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing	<input type="checkbox"/> CD, Number of CD(s)	
Remarks		